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**FACSIMILE TRANSMISSION****CONFIDENTIAL****DATE:** April 25, 2005**CLIENT NO.:** 23564**TO:**

NAME	FAX NO.	PHONE NO.
Commissioner for Patents - USPTO	(703) 872-9306	

**FROM:** Robert A. Hulse. No. 48,473 **PHONE:** (415) 875-2444

<b>NUMBER OF PAGES WITH COVER PAGE:</b> <u>18</u>	<b>ORIGINAL WILL NOT FOLLOW</b>
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**MESSAGE:**

Attached are Requests for Withdrawal as Attorney or Agent in the following applications:

11/006,166	10/797,585	10/848,241	10/933,054
10/939,011	10/816,474	10/633,266	10/816,623
10/769,154	10/452,787	10/975,216	10/751,328
10/615,337	10/449,846	10/861,222	10/989,955

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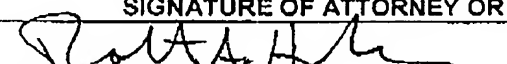
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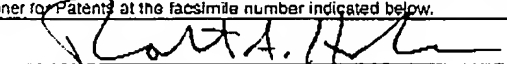
0001/PTO Rev. 10/95	U.S. Department of Commerce Patent and Trademark Office	Application Number	N/A
<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence during pendency of filed application)</i>		Filing Date	N/A
		First Named Inventor	N/A
		Examiner	
		Group Art Unit	
Total Number of Pages in This Submission	17	Attorney Docket Number	

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ENCLOSURES (check all that apply)	
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REMARKS:	

SIGNATURE OF ATTORNEY OR AGENT	
Signature:	
Attorney/Reg. No.:	Robert A. Hulse, Reg. No. 48,473
Dated:	April 25, 2005

CERTIFICATE OF FACSIMILE TRANSMISSION	
I hereby certify that this correspondence, including the enclosures identified above, is being transmitted on the date shown below via facsimile to: Commissioner for Patents at the facsimile number indicated below.	
Signature:	
Typed or Printed Name:	Robert A. Hulse
Dated:	April 25, 2005
Facsimile Number:	1-703-872-9308

# **REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/633,266
Filing Date	July 31, 2003
First Named Inventor	Edwin Leonard
Group Art Unit	2643
Examiner Name	Unknown
Attorney Docket Number	23564-07867

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.

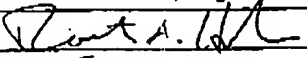
The reasons for this request are:

The client knowingly and freely assents to termination of the employment.

- ☐ The correspondence address is NOT affected by this withdrawal.
- ☒ Change the correspondence address and direct all future correspondence to:

Firm or Individual Name	Morrison & Foerster LLP				
Address	425 Market Street				
Address					
City	San Francisco	State	CA	Zip	94105-2482
Country	United States				
Telephone	(415) 268-6982	Fax	(415) 268-7522		

- ☒ This request is made on behalf of myself and
- ☒ all the attorneys/agents of record,
  - ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
  - ☐ the attorneys/agents associated with Customer Number \_\_\_\_\_
- on whose behalf I have signed this request and on whose behalf I am authorized to sign.

Name	Robert A. Hulse, Reg. No. 48,473
Signature	
Date	April 5, 2005

**NOTE:** Withdrawal is effective when approved rather than when received.  
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

23564/01000/SF/5140640.1